

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11449

Registration District No. 431

Primary Registration District No. 5591

Registrar's No. 41

1. PLACE OF DEATH:

- (a) County Johnson  
(b) City or town Rural, Hazel Hill Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 2

- (d) Length of stay: In hospital or institution (Specify whether years, months or days) 82 yrs +

3. (a) PRINT FULL NAME

George W. Matthews

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mattie Matthews

6. (c) Age of husband or wife if alive years 10

7. Birth date of deceased (Month) May

- (Day) 10 (Year) 1857

8. AGE:

Years

Months

Days

If less than one day

82 10 13

hr. min.

9. Birthplace

Johnson Co.

Mo.

10. Usual occupation

Farmer

(State or foreign country)

11. Industry or business

MOTHER FATHER

12. Name

Wm. Matthews

13. Birthplace

Unknown Iowa

14. Maiden name

Aggie Wilson

15. Birthplace

Unknown Ireland

16. (a) Informant's own signature Matthew W. Matthews

- (b) Address Higginsville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 24 1940 (Month) (Day) (Year)

- (c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Sweeney, Phillips

- (b) Address Warrensburg, Mo.

19. (a) Mar 25 1940 (Date received local registrar)

- (b) Eva Gentry (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Johnson

- (c) City or town Higginsville (Rural) (If outside city or town limits, write "RURAL")

- (d) Street No. (If rural, give location)

- (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 23 year 1940 hour 5:15 minute 10 M.

21. I hereby certify that I attended the deceased from Mar - 23 - 1940 to 3 - 23 - 1940

- that I last saw him alive on 3 - 23 - 1940 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage

Duration

3 days

- Due to arterial hypertension

- Due to g.i.v.

- Other conditions (Include pregnancy within 3 months of death)

Major findings:

- Of operations

- Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)

- (b) Date of occurrence

- (c) Where did injury occur? (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work?

- (Specify type of place)

- (e) Means of injury

23. Signature R. F. McRimmis (M. D. or other)

- Address Warrensburg, Mo. Date signed 3-23-40

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed *4-4-40*

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Earl Priest*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Earl Priest*.....

Licensed Embalmer No. *3874*.....

P. O. Address *Warrington Pa*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**